

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CR</i>		1-10
O.I.P.E. CLASSIFIER		10	1-24-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>GH</i>	60916	2/15/00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/11/00
2	2/15/01
3	10/26/00
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Claim	Date
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If more than 150 claims or 10 actions  
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